**附件2：**

**咸阳市妇幼保健院应聘报名表**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **应聘岗位** | |  | | | | **（照片）** |
| **性别** |  | **民族** | |  | **籍贯** | |  |
| **出生年月** |  | **参加工**  **作时间** | |  | **健康状况** | |  |
| **学历** |  | **毕业时间** | |  | **毕业院校** | |  | |
| **专业** |  | **职称** | |  | **联系电话** | |  | |
| **居住地** |  | | | | **身份证号码** | |  | |
| **教育**  **工作**  **经历** | **起止时间** | | **院校或工作单位** | | | **学历/职位/职称/技术级别** | | |
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| **业务**  **专长**  **简述** |  | | | | | | | |
| **发表**  **学术**  **论文**  **或**  **获得**  **成果**  **荣誉** |  | | | | | | | |

**备注：本页不够，可续页。**

**本人签名:**

**年 月 日**